## U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF MARK SAUNDES						21-CV-11240-At			
DEFENDANT							TYPE OF PROCESS		
	SALIN	DPI	CARD	ot	al,	D DEGGRUPE	COMPLAIN		
SERVE	NAME OF IN	EGITO				AURCH.	ON OF PROPERTY TO S	SEIZE OR CONDEMN	
▶ <	ADDRESS (S	Street or RFD, A				70,100		1 7 7 7	
AT	950	9 41	ATON	-own	157	NE	WTON, M	1A 02465	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:							Number of process to be		
MARK SAUNDERS							served with this Form - 285		
SE CUSHMAN ST							Number of parties to be served in this case		
				1 /	A		Landon Company	13	
	WATE	PETOW	NIL	11/7	024/2	Check fo on U.S.A		1.4	
SPECIAL INSTRU	ICTIONS OR OT	THER INFORM	ATION THAT	WILL ASSIS	T IN EXPEDITING	SERVICE (In	clude Business and Altern	nate Addresses, All	
Telephone Numbers	s, and Estimated T	Times Available	For Service):			11003/10031		Pold Fold	
Lard							동등	<b>5 5</b>	
					ED IN CVE	RK'S OF	FICE	رقي الم	
			1 vg. (6 Gard	RECEIV DATE _	13 /13	1200	7 73	PR O	
				DATE_				w E	
S	F 0::	- Constinu	gamijaa an bah	alf of		TEL EPH	ONE NUMBER	DATE	
Signature of Attorn	ney of other Origin	nator requesting	service on ben	all ol:	☐ PLAINTIFF ☐ DEFENDAN		905-745K	11-8-20	
						011-	7-7 , , , ,		
SPACE BE	LOW FO	R USE O	F U.S. MA	ARSHAI	THE RESERVE THE PARTY OF THE PA	OO NOT	WRITE BELO	W THES LINE	
I acknowledge rece		Total Process	District of Origin	District to Serve	Signature of Auth	horized USMS	Deputy or Clerk	Date	
(Sign only first USM than one USM 285	M 285 if more	Last I	No	No		-	h lating page.	8	
I hereby certify and	d return that I 🗍 i	have personally	served. $\square$ have	e legal evidenc	ce of service, have	e executed as s	hown in "Remarks", the p	process described	
on the individual, c	company, corporat	ion, etc., at the	address shown	above or on the	e individual, company	y, corporation,	etc., shown at the address	inserted below.	
☐ I hereby certify	and return that I	am unable to lo	cate the individ	ual, company,	corporation, etc., nan	ned above (See	remarks below)	<b>3</b>	
Name and title of in	ndividual served (	if not shown abo		1201	Co MA	ed History		uitable age and dis- siding in the defendant's	
KIM	nberry	Maci	eod	1018	nce mai	nager	usual place of	abode.	
Address (complete only if different than shown above)							12/42	Time am	
					- Children Con-	-	(d/)/dd	1 > 1 > 0 (pm)	
							Signature of U.S. M	farshal or Deputy	
						<del></del>	li Va V	At of Dofund	
Service Fee	Total Mileage C (including ende		arding Fee To	otal Charges	Advance Deposits	Amount ow	red to U.S. Marshal or	Amount of Refund	
6	(30	15	67	1000					
REMARKS:	1	busm,	, 1 h	our,	22 mi	iles	1 Tc	overbally,	
REMARKS:	Sev	busm,	, I h	our, jed on	22 mi	iles with a	Hice mane	ger, they	